

ZONING PERMIT APPLICATION

The Borough of Highland Park – Zoning Dept.

221 South 5th Avenue, Highland Park, NJ 08904
Phone: (732) 777-6013 Fax: (732) 777-6017

FOR OFFICE USE ONLY

Check # _____

Cash _____

Receipt # _____

Date: _____

Collected By: _____

Instructions:

1. Complete information requested below (type or print).
2. Attach a survey drawn to scale with dimensions, showing the property as it exists & indicating proposed changes/additions.
3. Attach Sign/Awning Form (if applicable), including sketches and photographs.
4. Sign & return the completed application to the Zoning Office with the app appropriate fee: \$75.00 for residential, \$75.00 for Two Family, \$75.00 or Multi-Family, \$125.00 for Commercial.

Please make checks payable to the "Borough of Highland Park"

THIS IS NOT PERMISSION TO BEGIN WORK
IF CONSTRUCTION APPROVAL IS REQUIRED FOR THE WORK BEING DONE, PROCEEDING BEFORE PERMITS HAVE BEEN APPROVED AND ISSUED WILL RESULT IN A FINE

1. **Subject Property**
Address: _____ Block: _____ Lot: _____ Zone: _____
2. **Applicant**
Name: _____ Address: _____ Phone: _____
3. **Owner**
Name: _____ Address: _____ Phone: _____
4. **Indicate PRESENT use of property:**
 Residential: _____ One Family _____ Two Family _____ Multi-Family
 Commercial: _____ Retail _____ Office _____ Other _____
5. **Indicate PROPOSED use of property:**
 Residential: _____ One Family _____ Two Family _____ Multi-Family
 Commercial: _____ Retail _____ Office _____ Other _____
6. **Describe proposed construction, alteration, additions, intended use or any other changes:**

7. Will a **Change of Tenancy** be involved with this application?
 Yes No If yes, please describe: _____
8. To the best of your knowledge, have **Development Restrictions** been placed on the property?
 Yes No If yes, please describe: _____
9. Do you own, or have you formerly owned, **Property Adjacent** to the subject property?
 Yes No If yes, please describe: _____

CERTIFICATION: I (We) hereby certify that the statements contained herein are true & accurate.

Signature of Applicant **Date** **Signature of Owner** **Date**

Based on information submitted & requirements of the Borough's Land Use Ordinance, this application is:

Approved: [] Building Permit Required [] Business License Required [] Health Dept. Review

Referred to the Zoning Board of Adjustment Referred to the Planning Board

COMMENTS: _____

Signature of Zoning Officer **Date**